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CLINICAL STUDIES OF INEBRIETY. PERMANENCE IN CURABILITY.

BY T. D. CROTHERS, M.D.,
Of Watertown, Conn.

An eminent physician who has made insanity and nervous diseases a specialty, has criticised some articles which I have sent to the *REPORTER*, urging the impossibility of permanent cure of inebriety, asserting positively that no cases were ever literally cured, and that no length of time of sobriety was reliable as an indication of permanence in any sense, as the disorder might break out any time, from the slightest causes; the inference which he makes prominent from these premises is that nothing beyond a temporary restoration from the immediate effects of alcohol can follow in any case. This opinion carries on its face its own refutation, and is so entirely unsupported by all clinical evidence that I shall not attempt a formal answer. In many of the cases which I have published the evidence of permanence of recovery was fully equal to that of other diseases upon which elaborate statistics of cure are based. I am confident that inebriety is permanently curable in the same sense that other diseases are; and even now, with all our crude methods, want of means and facilities, it is demonstrated over and over again that, when taken in the early stages, it is one of the most curable of all the organic nerve disorders.

The following case, which has recently ended in death, is presented as a significant illustration of permanent cure, under adverse circumstances, and although but a single case, indicates the

possibilities which a larger knowledge and more thorough study of the subject may develop.

John James was born in 1823; his father was an actor, of erratic, impulsive nature, who was alternately a dipsomaniac and a genius, bordering on the verge of madness; drinking at long intervals, with great violence, and then reforming and displaying extraordinary energy. Like the elder Booth, his associate actors were always uneasy in his presence on the stage, for the reason that he often became so absorbed in the play as to make it dangerously realistic. He lived a life of extremes, and died suddenly, after a long paroxysm of drink. His wife, the mother of our sketch, was a nervous woman, who died of consumption when the son was three years old. His father died two years after. John James was accordingly taken by a relative, who was also a drinking man. Nothing was noticed during childhood, except his passionate disposition and love for music. At eighteen he entered West Point as a cadet, and graduated four years later with an average rank. He was tall, of light complexion, nervous, impulsive, of ready memory, but lacked concentration of powers.

Soon after graduation he drank to intoxication, for the first time manifesting a remarkable delirium of hilarity and excitement. He was appointed second lieutenant in the artillery, and entered into active service. In the Mexican war he was promoted to a captaincy, for bravery, and in 1850 was changed to the infantry. At this time he drank to intoxication at least once or twice a month, and used beer steadily. When in active service he was forced to keep sober, but when he returned to the fort and could get away he drank to excess. This continued with but little

variation for many years. Most of the time he was on the frontier, and was often forced to abstain. He grew corpulent, was very excitable, and suffered from malaria and rheumatism. He was under treatment at the Hot Springs, in Virginia, for several months. In 1860 he was made colonel of a volunteer regiment, and when assigned an important place in one of the great battles, drank to intoxication, and showed such a reckless daring, exceeding all his orders, that he was suspended. Through some influence he was restored, but at the "Wilderness" he was deliciously intoxicated, and was suspended again. From this time he was put in charge of the ordnance department and manifested great capacity when not drinking. On two occasions he appeared on the battle field without orders, and showed such bravery and dash that his disobedience was overlooked. At the close of the war he was attacked with rheumatism and laid up nearly a year. After recovery he was returned to active duty on the frontier, and was considered a most expert Indian fighter. For the next three years he drank irregularly and very severe at times. His bravery and great skill in Indian tactics prevented him from being discharged. He became so incompetent at last that a long furlough was given him, as preliminary to a final retirement.

In 1868 he was arrested, for drinking, in Boston, and suffered from a severe attack of delirium tremens. A few weeks later he went to Binghamton Asylum, and remained six months. He had delusions, loss of motion and sensation of the lower parts of the body, insomnia, and general anæmia, and also alcoholic convulsions. He was jaundiced and suffered from gastritis, and, according to the reports of the asylum, was considered a hopeless case. Nothing definite is recorded of his case until he was discharged, six months after, as entirely recovered. Two months later he was assigned to duty in New Mexico, and for three years following was in active service. He was promoted to colonel in the regular army and sent to Oregon.

In 1878 he came east, and visited Binghamton, where I became personally acquainted with him. He appeared then in vigorous health; his face yet bore marks of congestion from alcohol. He had not tasted spirits in any form, from the time he was arrested in Boston. He drank sparingly of tea and coffee; observed great regularity in all his habits of eating and sleeping. He complained at times of unusual depression, which was so intense as to be almost painful. From experience, he knew that alcohol

would bring relief, but he had no desire to take it. Often on the march, where water was poor and spirits accessible, a positive aversion filled his mind whenever spirits were offered. When suffering from thirst, he found that roasted coffee beans would bring relief better than any other thing; although often exposed to severe temptations, he had no desire for alcohol in any form; this had grown up in his mind, not so much based on his past experience of its effects, as a positive dislike for both the smell, taste and sight of the fluid. He reasoned at times that it might do good, but the thought of taking it caused a sensation of nausea and weakness of the stomach. The presence of a small quantity of alcohol in his tent would at times produce the same feeling, only less intense. As he grew older the periods of depression lessened and yielded quickly to cold spongings and baths. With the exception of a slight dyspepsia, he was in good health, although he could not endure exposure and excitement as formerly. His mind seemed to me to be very clear and active, although inclined to be impulsive, and enjoy the extremes of action. He was a strong temperance man, and from his own statement, treated the inebriates under him with military discipline. His idea of an inebriate asylum was a half prison a half home, etc. He claimed that he had cured a number of soldiers of inebriety by long confinement and medical means.

Soon after this interview, the colonel returned to active service. I kept up a regular correspondence with him until last December. He was stationed at Omaha then, and wrote me that he was in good health, and working for the cause of temperance every day. He had published some articles showing that inebriety was a disease, and could only be cured by positive means, such as was to be found in the hospitals managed on a military principle. The attacks of depression and neuralgia had diminished, so that they only occurred at long intervals, and followed periods of unusual excitement or exertion. About the 20th of April he was attacked with acute pneumonia. The third day of his illness it was determined to give brandy for the prostration which followed. He made no protest against this treatment, but singularly enough, he was unable to retain it on his stomach, vomiting regularly within ten minutes after it was taken. No attempt at disguising it made any difference, and it was found at last impossible to give him any. In the opinion of the attending physician this was merely a reflex symptom from the intense disgust of the mind, and continued until death;

even when he was in a comatose condition, a few drops of brandy was repelled the moment it reached the stomach. He died after ten days' illness.

This case is interesting in many respects. 1st. The early history indicated a strong hereditary tendency to inebriety, associated with a defective nerve power, which was manifested in his temper and general character when a boy. The association of drinking men, and want of care and training in early life was the most favoring causes to develop inebriety. The training at West Point in a measure supplemented his want of training before. But the extremes and irregularities of army life was the most fruitful soil to encourage inebriety. The restraints and forced duty prevented him from going down at once.

2d. When he came under treatment at Binghamton he had been using alcohol to excess for over twenty years, and chronic conditions of disease were very marked. After six months' residence in the asylum he went back into active service, into circumstances attended with great danger of relapse, which continued until death. The special dislike for alcohol was a psychological symptom, which continued until the last, but the nerve defect was apparent in depression and great activity and other peculiarities.

3d. This case was thoroughly cured, and whether exceptional or not, presented a combination of symptoms that gave but little promise for ultimate recovery. The short time of treatment, and the bad surroundings after, the chronic character and hereditary tendency, all were negative factors in the prognosis.

The result of this case points clearly to the possibilities of recovery in other cases less severe, and attended with better conditions. In my opinion, a very large per cent. of all cases of inebriety are curable if they are treated in the proper surroundings and sufficiently long enough to restore the disordered nerve power. This entire subject is yet in its infancy, and all our means and appliances are exceedingly imperfect compared to what they will be in the years to come. The disease of inebriety and its curability cannot be understood by comparative reasoning; and only from a practical study of cases can any clear views be obtained.

—The French Minister of Public Instruction has named Dr. Mathias Duval, Professor agrégé of the Faculty of Medicine of Paris, to the posts of Director of the Laboratory and Professor at the School of Anthropology, vacant by the death of Paul Broca.

REPORT OF CASES.

Read before the Warren County (N.J) Medical Society,

BY E. T. BLACKWELL, M.D.,

Of Hackettstown, N. J.

The Rubber Bandage in Sloughing Wounds.

A. H. O., while engaged about some machinery in motion, received a most extensive injury, embracing the laceration and stripping off of the skin and subcutaneous tissue upon the inner part of the right leg, together with a line of periosteum and the underlying bone, to the depth of a quarter of an inch. When seen, some hours after the accident, the tissues named were shriveled and apparently lifeless; the muscles were completely exposed, as well as much bruised and torn. The treatment consisted in having the wound thoroughly cleansed, and in forcing the contracted and mutilated integument to cover the exposed surface as nearly as possible, not with an expectation of union, but as a protection against external irritation. With this view, adhesive straps were kept applied, until the tendency to contraction was somewhat overcome, and the swelling demanded their removal. On Jan. 10th the limb was dressed, and a lotion of carbolic acid applied. The patient had remained as comfortable as could be expected. A line of demarcation gradually formed, the entire bruised portion sloughing off on the 23d, leaving a very large area of raw surface, covered with granulations. An attempt was made Feb. 2d, by strips of belladonna plaster, to bring the opposite sides nearer together; and on Feb. 9th this was replaced by a bandage of pure rubber, placed directly upon the skin, according to the demonstration of Dr. Henry A. Martin, of Boston, before the American Medical Association in 1877; and to which attention was recently revived by a paper by Dr. Chas. H. Thomas, read before the Philadelphia Medical Society.

The material used is that known by dentists as "rubber dam," and is very soft, very extensible, yet extremely strong. The bandage was of ordinary width, and was applied without reversion. It was removed in the evening, washed and dried, and in the morning was replaced; the result was marvelous. The denuded surface at the time of the application was fully four inches by ten or twelve, and quite deep. Toward the end of March it had filled, by granulation, except the line of fissured bone, the superficial extent of raw surface being reduced to one-third its original boundaries. He had been for some time walking about with the band-

age applied; had even done some work; and was not a little pleased with the achievement of this simple appliance. He removed from under my notice April 1st, and I have not heard of the final result, but cannot doubt its entire success.

The Antiphlogistic Touch in Traumatic Erysipelas.

J. C., laborer, received a severe incised wound of the middle finger of the left hand, from a revolving straw cutter, on March 13th.

He was directed, by an incompetent, to apply vaseline, with the assurance that all would go well. In the course of the second or third day following the adjacent parts became red, swollen, hot, and painful, the inflammation being apparently erysipelatous. Abscesses formed in the palm and upon the back of the hand; the periosteum of the carpal bone of the first phalanx, and the ligaments uniting it to the phalanx below were also destroyed, producing a natural dislocation. This was its condition when I saw it, with Dr. Crane, April 24th.

We amputated the diseased member, April 27th, at the carpo-metacarpal joint, removing the head of the metacarpal bone, cutting down upon and deeply about the bone, and relieving the tissues of a great quantity of unaerated blood, with which they were surcharged. The wound was closed with the interrupted suture.

The engorgement of the adjacent parts continued, notwithstanding the free incisions, interfering with the healing process, and demanding, for relief, "the antiphlogistic touch," or acupuncture with a lancet. This had to be repeated time and time again, the blood sometimes spouting as if from an opened vein. The incision over the joint healed in due time, and was slowly followed by that over the metacarpal bone, the periosteum of which, having been inflamed, adhered to the superficial tissues, presenting, however, a slight cicatrix. The usefulness of the hand appears assured.

Hepatitis, with Severe Colic and Itching.

W. G., aged about fifty years, and quite obese, was taken in September last with partial paralysis of the right lower extremity, followed a month later by colic, believed, from the great pain and tenderness about the epigastrium, as well as the extreme accompanying jaundice, to be cystic, due to chronic hepatitis. The treatment of his attendant having failed of a good result, the patient placed himself in my charge, November 8th. All the tissues open to inspection were intensely jaundiced, and the skin was affected with such severe itching as utterly to prevent sleep or

repose. His stomach was irritable; the alvine evacuation dilatory and clay-colored; and the urine was loaded with bile. The liver was very tender in the epigastric region, and appeared to be enlarged. The constipation was overcome, and an attack was made upon the engorgement of the liver by a purge of podophyllin and calomel, repeated for several succeeding days; partial relief from the itching being secured by Indian hemp. On November 12th the cholagogue was superseded by the chloride of ammonium, which has been recently commended in hepatic congestion by several members of the Philadelphia Medical Society, to whose attention it had been called by an East Indian physician, named Stuart. Chloral was added to the hemp, as an anodyne and hypnotic. November 13th, podophyllin and leptandrin were substituted for the purge used at first, to be taken nightly. November 14th, a blister was applied over the affected part of the liver. November 15th, five-drop doses of fluid ext. pilocarpin were exhibited every two hours, producing gentle perspiration and increased comfort. He took, in addition, infusion of buchu and fennel, as also infusion of gentian, with chlorinated soda, and other aids to digestion. The course of recovery was gradual but steady, the violent symptoms being soon ameliorated; the secretions gradually approaching their natural appearance; the strength being reestablished, and the skin acquiring its natural hue in the beginning of December, when he was discharged.

A NEW THROAT LOZENGE.

BY C. SEILER, M.D.,
Of Philadelphia.

In many of the acute and subacute affections of the upper air passages a combination of chlorate of potash and tincture of iron has long been used with great success in allaying the irritation, by its local effect, and in reducing the inflammation, by its effect upon the general system. Some years ago it occurred to me to institute some experiments with a view to ascertain how much of the result was due to the local and how much to the general effect, or, in other words, whether the patient could be as quickly relieved by mere topical application of the mixture. For this purpose a number of cases of acute and subacute inflammation of the tonsils, pharynx and larynx were treated at the dispensary for diseases of the throat, at the University Hospital, by painting the affected parts with a solution containing tincture ferri chlor. gtt.x, and potass. chlor. gr.x, to

water fl. 3j, and in cases where the larynx was affected this solution was inhaled by the steam atomizer.

At the same time, an equal number of like cases were given the same mixture internally, in one-half teaspoonful doses three times a day, so as to make the amounts as much alike as possible in both experiments. The practice in the dispensary had heretofore been to direct the patient to gargle with the mixture first and then to swallow it.

The result of these experiments was that the patient felt greatly relieved by the topical applications, but this relief was only temporary, and the case ran its course, as though nothing had been done for it. In those cases in which the mixture had been given internally the course of the disease was shortened considerably, but not as much so as when the medicine was given in the old way, *i.e.*, by gargling and swallowing.

Thus I became satisfied that the medicine acts both locally and upon the general system, and it occurred to me to add to it some bromide of potassium, to enhance the effect. This I did with very markedly good results in the majority of cases. In order to obtain the best effect, the mixture should be given in small doses often repeated, and the gargling should be long continued. There are, however, a large number of patients who cannot gargle, and thus they lose the benefit of the local application, which, as has been shown, is of great advantage. To overcome this difficulty I conceived the idea of combining the different ingredients of the mixture in a lozenge, which, by being slowly dissolved in the mouth, would act locally for a longer time than the mixture, even when used as a gargle.

Considerable difficulty was at first experienced in obtaining a mass sufficiently solid to be formed into lozenges which would contain the requisite amount of chlorate of potash, iron and bromide of potash, but finally Mr. J. F. Hayes, of this city, succeeded in making a very satisfactory preparation, which I have been using for over a year, with excellent results. Most patients prefer the compound chlorate of potash lozenge (the name adopted for the new lozenge) to the mixture, on account of the greater convenience of taking it; especially those whose disease is not sufficiently aggravated to confine them to the house, as is the case with dispensary patients. I am also inclined to believe that the prolonged local action of the drugs thus given alleviate the dryness and pain much more rapidly and effectually than is the case when the patient only gargles with the mixture.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF W. W. VAN VALZAH, M.D.,
Physician to the Hospital.

REPORTED BY CHARLES R. CRANDALL, M.D.

Case I.—Pyrosis.

Gentlemen, this young woman's name is Mary B., aged thirty years. She is a weaver by occupation, and has been ailing for some time.

You have doubtless noticed that I invariably inquire into the occupation. I do so for the reason that long devotion to particular kinds of employment predispose a person to certain diseases. Hence the miner, the grain thrasher and the workers in lead or minerals are predisposed to certain forms of disease. In this instance the occupation does not bear particularly on the disease from which she suffers.

This woman complains to me of weakness and a general tired feeling. She informs me, too, that she has suffered from vomiting, more or less, for a year. The vomiting usually comes on during the night time, and the matter vomited seems to be mostly water. There does not appear to be any vomiting after meals, and therefore we cannot say it is associated with the digestion of her food. She rather corrects this statement, however, and says that once in a while she vomits after taking food. The matter vomited first comes as water, but in some instances is followed by a whitish mucus. She also suffers, to some degree, from headache; her bowels are habitually constipated. I inquire as to her menstruation, and she replies that she is sick regularly every month, but the amount is scanty. She also has some pain in her back and a slight leucorrhœal discharge. As near as I can learn the headache is not associated with the monthly sickness, nor are the uterine functions sufficiently disturbed to cause the gastric trouble of which she complains. She confesses to being nervous, which is shown by trembling of the limbs and a disposition to cry easily. Associated with all this physical suffering is mental worryment, due to domestic trouble.

We will now examine her for ourselves and see what her symptoms present. Looking at her you observe that she has a tired, anxious countenance, strikingly suggestive of overwork and worry. The tongue is coated, enlarged, and has a tendency to tremble. Her taste, she says, is bitter, and especially so when she vomits.

I now palpate over the stomach, but find no tenderness. Examining the chest I find all of the pulmonary sounds normal. Placing my ear over the heart I ascertain that that organ, too, is normal in its action.

Now, you have all heard the history and seen the patient. Has any one an opinion to offer? Some one replies "indigestion." That is right, to some extent, but what is more pronounced than the dyspepsia or indigestion? Well, we have here a case of pyrosis or "water brash."

The vomiting is not associated with the taking

of food, but has in it a strong hysterical or nervous element.

By pyrosis is understood a peculiar form of vomiting, or regurgitation of a large amount of liquid from the stomach. There has always been much doubt about the true nature of the vomited matter. Some authorities believe it to be an accumulation of saliva in the stomach. Others, that it is simply the juices of the stomach which have collected during the night. Still others have claimed that it is pancreatic juice; but this view is not worthy of credence.

But the question which most concerns us now, is, "what shall we do for this woman?" In the first place we must assure her that she is not in a dangerous condition, inasmuch as persons suffering from this disease invariably get well. If we can thus convince her, the tendency will be to afford a more cheerful and hopeful state of mind, greatly to her advantage. Besides endeavoring to set her mind at rest, let us urge the importance of her giving up work for a time, until she gets stronger. Patients like her, who are worn out, from work and domestic worry, must have both physical and mental recreation.

Now, in order to control the vomiting, I shall suggest the following combination of useful remedies:—

R.	Bismuthi subnit.,	gr. x
	Cerii oxalat.,	gr. ij
	Hydrargyri chloridi mitis,	gr. ʒi
	Pulv. sacchari,	gr. v.

Sig.—One powder to be taken four times daily.

As her tongue is somewhat coated and her digestion a little at fault, I will also order ten drops of dilute nitro-muriatic acid in a wineglass of water after each meal. To relieve the constipation from which she suffers there is no simpler or better remedy than what is called the compound liquorice powder. Its ingredients are sulphur, senna, fennel seed and sugar. She may take a teaspoonful in half a glass of water, before breakfast, every other morning. In regard to her diet, it is evident that she needs a generous amount of easily digested food. I shall advise her to take two quarts of milk daily, a steak and an egg for breakfast, and an egg with her supper. If she is fond of fruit, she can indulge in oranges before breakfast.

NOTE.—One week later the patient returned to the clinic, much improved; had vomited only twice, and then in the daytime; no vomiting in the night, as previously. Same treatment continued.

Case II.—Acute Tonsillitis.

This man's name is B. R., thirty years of age, his business is that of a waiter. He first called our attention to his condition one week ago, when he complained of pain in his throat. A week previous he had become overheated, and, as he said, had caught a cold, which settled on his lungs and in his throat. On his admission to the hospital his throat was properly examined, and it was found that the tonsils were greatly inflamed and enlarged. The follicles of the tonsils were very prominent, and were pouring out an abundance of mucous secretion. As an interesting feature of the case,

associated with the swelling of the tonsils was marked oedema of the adjacent structures. The parts referred to were red, hot, engorged, and would pit under pressure. The uvula or soft palate was so much enlarged that I scarcely exaggerated when I compare it to the size of my thumb.

There were also marked constitutional symptoms, such as high fever, accelerated pulse, headache, great heat about the throat and neck, dyspnoea and constipation. The act of swallowing was very much interfered with, and articulation was indistinct and painful.

The opening between the half arches of the fauces was almost entirely closed; which, of course, gave rise to some of the symptoms mentioned.

Cases thus well marked and urgent are rather uncommon in private practice, but when they do appear, are of a nature to prove exceedingly annoying to a young practitioner. They are cases which require prompt recognition and treatment, owing to the great danger of extension and involvement of important structures. If, for instance, the disease extends forward it may involve the parotid glands. On the other hand, if it extends into the larynx it may give rise to oedema of the glottis. In addition to these dangers there is the possibility of suppuration of one or both tonsils, unless the inflammation is promptly controlled.

After recognizing the symptoms thus hurriedly presented to you, the case was diagnosed to be acute tonsillitis, and the treatment resorted to was substantially as follows:—

The first thing we did was to freely puncture and scarify the tonsils and soft palate, thereby favoring free depletion. This gave immediate and marked relief, as was indicated by the improvement in the patient's talking, breathing and swallowing. I cannot too earnestly impress upon you the value of free scarification in cases of this kind. It is a simple procedure which at once relieves the dangerous congestion and inflammation, and affords the patient decided comfort. All that is necessary to be done is to take a sharp-pointed instrument, like a tenotome or bistoury, and puncture the parts or make a few superficial incisions. Having depleted the parts thoroughly, we then made free use of ice, both internally and externally.

It is always proper in this class of cases to insure cathartic action of the bowels, and for that purpose we gave the patient three grains of pil. hydrargyri and one-half grain of resin of podophyllin. After waiting the requisite time and no movement resulting, we gave, in addition, a wineglass full of citrate of magnesia every hour, until a pint of the solution had been taken. Both of these remedies failing to give the decided action which was necessary, rectal injections of turpentine, soap and water, were employed, after which purgation was established. A gargle was then ordered for the throat, composed of a saturated solution of chlorate of potash, two drachms of tincture of myrrh, in four ounces of infusion of cinchona. Of this he was to gargle at first every hour, but as the symptoms subsided, every second or third hour. After the acute symptoms had largely disappeared, the patient was placed on a

tonic, consisting of twelve drops of the tincture of iron every four hours; to-day he is able to come before you, and is greatly improved. As you have seen, he can walk about and talk distinctly. Examining the throat again, I am enabled to assure you that both the palate and tonsils have almost regained their natural size.

Let us study the next two cases for a moment, comparatively, and then separately. Both are diseases of the chest, but each differ greatly from the other. As the patients now remove their clothing you observe that one has a hollow, flattened and contracted chest, while the other has one that is full, if not abnormally rounded. The former is an elderly man, who shows signs of emaciation and chronic disease, while the latter is a young man, vigorous and looking well. On the one hand are the physical signs of a wasted, broken-down lung; on the other, the signs of an over-distended and hypertrophied lung. We will now direct our attention to the personal history of each.

Case 3.—Pneumonic Phthisis.

John Mc., is a weaver by trade, and a native of this city. His parents were healthy, and died at rather an advanced age, of some lung disease, which he thinks was bronchitis. One sister has also died, but he is not certain as to the cause of her death. Two other sisters are still living.

In 1864 this man was residing at Annapolis, where he took a hard cold, which gave rise to a severe cough. It would seem from his story that the cough never entirely left him, and that it has been especially troublesome every winter since.

In the year 1871 he had an attack of pneumonia in the right lung, and was unable to work for eight weeks. Since that time he has had a troublesome cough, worse at times than ordinarily, but, on the whole, quite persistent. Occasionally, when the cough was unusually violent, the sputa would be streaked with blood, but there has never been pronounced hemorrhage.

Furthermore, he informs me that the cough is always worse in the winter, and that it gives rise to profuse expectoration. He says, that at first the sputa is white, and then it looks like soap bubbles. Doubtless the matter is white, stringy mucus, containing a large amount of air. This is substantially all the history I have been able to glean. When we come now to the physical signs, we find some of them so marked that we are able to study them together.

On inspection, you notice that the chest is thin and flat. There are deep hollows both above and below the clavicle. The general bony structure of the thorax is conspicuous, owing to the decided emaciation. The respiration is feeble and shallow. The left side rises distinctly, while the right side hardly moves. So much for inspection.

Now, I will percuss anteriorly. Resonance is evident on both sides of the sternum, but, if anything, the pitch is highest on the right side. It should be so naturally, but not so pronounced as it is here. Posteriorly, there is marked dullness on the right side over the whole of the lung, and the pitch is decidedly higher than on the left. As I percuss again on the left side posteri-

orly, those sitting near will observe that the resonance is normal.

Resorting now to auscultation, I learn that anteriorly on the left side, respiration is normal in character, save that it is exaggerated. On the right side it is scarcely audible. The respiratory sounds are not changed, only in the degree of intensity. Posteriorly, substantially the same condition exists. In other words, I am scarcely able to hear anything on the right side, while the sounds are normal on the left. Voice auscultation and vocal fremitus are both increased to a marked degree on the right side.

It may have occurred to some that we are dealing with a case of pleurisy with effusion. If that were so, the chest would be full, the intercostal spaces obliterated, and not only would we have elicited a dull note on percussion, but a flat one. Furthermore, voice auscultation and vocal fremitus, instead of being increased, would have been entirely absent.

Again, the history of a winter cough would suggest chronic bronchitis. We are, however, obliged to exclude that disease, because we find that there is extreme dullness on percussion, and a condition confined to one side of the chest.

From the history, as well as from the physical signs thus elicited, it is evident that we are dealing with a case of pneumonic phthisis, in which the breaking down process has been very slow. The very phraseology must convey to your mind an idea of the disease. It is a slow, degenerative change in the lung, following an attack of pneumonia. There exists a state of chronic consolidation, accompanied by many of the signs and symptoms of phthisis. As has been illustrated in this case, there is cough, expectoration, emaciation, feeble respiration, and dullness on percussion. There may or may not be tubercular deposit, and when the disease has lasted for some time, and one lung remains healthy, the probabilities are that there is none. Hence, in a case where there is no tubercular deposit and one lung remains healthy, the prognosis is not necessarily unfavorable. The patient, being careful of himself, may live a long time, one lung doing largely the work of both.

Now, if we treat this case, not with a view of curing, but of prolonging life, we can do this man much good. The chief indications are to control the cough and build up the general health. As you all know, the remedies for cough are numerous, but I believe that the best combination in this instance is—

R. Ammonii iodidi,	gr. vj
Spts. chloroformi,	gtt. x
Syrupi,	
Aque,	aa fl. ʒj.

Sig.—To be taken three times daily.

If this dose does not control the cough we will add morphia sulph., gr. $\frac{1}{4}$, to each dose.

In regard to the general health, nutrition is the chief reliance. This man must do all he can to get sunshine and fresh air, and live on the best diet he can secure.

Case 4.—Emphysema.

When we were comparing these two cases you saw the marked difference in the con-

tour of the chests. We will now endeavor to ascertain the cause upon which that difference depends.

This young man complains of a cough and difficult breathing. He has had the cough during the last two winters and it has been very constant and violent. His occupation is that of a common laborer, and hence he is exposed to all kinds of weather. There has been more or less suffering from shortness of breath, and especially so during the last two weeks. He has never blown wind instruments, or strained his lungs in any way as far as he knows. My attention is called to the fact that his feet and ankles have been sufficiently swollen to pit under pressure. Such is all of the brief and rather imperfect history.

Adopting again the same methods of examination we employed in the former case, you will observe the marked fullness and roundness of the chest. Although the man has thin pectoral muscles, the upper portion of the chest is so full that it seems as if they were highly developed. Instead of there being deep hollows and prominent intercostal spaces, as in the other case, the very opposite condition exists, as is shown by the bulging. The breathing is difficult and the inspirations short, which is one of the characteristics of the disease. This labored action is due to the distention of the air cells, and to a want of elasticity of the structures which expel the air. You will also observe the lateral bulging and roundness of the chest walls. In short, the general outlines afford a typical illustration of what is called the "barrel-shaped chest." Placing my hands, one over each lung, there is a plain up and down movement, as if the whole chest rose and fell as one solid structure with each breath.

To bring out the second characteristic symptom I will percuss. As I do so anteriorly there is distinct tympany on both sides. If anything, it is a little louder on the left side, as we might expect. Indeed, there is hyper-resonance down even below the nipple. Latterly, the resonance is not so clear.

Moving around to the posterior surface, I bring out the same sound, but it is less pronounced than anteriorly. Trusting that I have made clear to you the resonance, which is such a prominent symptom in this disease, I now proceed to auscult. There is feeble breathing all over the lungs. Expiration not heard during natural breathing, especially on the right side. On forced breathing the natural sounds come out plainer. The same condition exists posteriorly, especially on the right side. There are no adventitious sounds like râles at present. There is one more symptom we must not overlook, and that is the dropsical condition of the feet and ankles. In what way can dropsy result from a distention of the air vesicles of the lungs? Manifestly it results from an obstruction of the pulmonary circulation, which, in turn, causes hypertrophy and dilatation of the right side of the heart. From this enfeebled state of the heart ensues venous stasis and dropsy. An examination of the heart reveals the fact that the right side is dilated, as is shown by a very weak impulse and by the cardiac enlargement, which extends downward and to the right.

The diagnosis of this case must be plain to those of you who ever heard of emphysema. It is a disease induced by a persistent distention of the air cells. It may originate from many causes, such as blowing wind instruments, violent lifting or straining, climbing mountains, whooping cough, asthma and chronic bronchitis.

This man gives us the history of a chronic bronchitis of two years' duration, and to it we must assign the emphysema from which he now suffers.

A word more in regard to the nature of the disease. I have already hinted that it is a dilatation or distention of the air cells. This dilatation so overcomes the elasticity of the lungs that the air is not entirely expelled, hence there is a decrease of power for the interchange of oxygen and carbonic acid. Therefore, the residual air being in excess, a sufficient amount of fresh air cannot be admitted, and the patient becomes distressed from difficult breathing. Again, the distention of the air vesicles interferes with the capillary circulation in the lungs, and results in causing a venous stasis, which involves the right side of the heart.

As a physiological sequence of this last condition, it is not uncommon to find emphysematous patients suffering from dropsy of the extremities and a congestion of the neck, face and head. As the lung structure itself is involved we can do but very little with medicine towards effecting a permanent cure. The chief thing to be done is to urge the patient not to over-exert or expose himself to bad weather. Exertion tends to still more impede the circulation and burden the heart, and still more distend the air vesicles. On the other hand, exposure increases the liability to bronchitis, which is the underlying cause of the disease. Rest, then, is of great importance, for it prevents the disease from becoming worse; and it may, in a long time, bring about a cure. The one remedy which does the most good in this disease is iodide of potassium, and therefore I will order five grains three times daily. The patient must continue this agent for a long time, in order to obtain the relief for which he hopes.

MEDICAL SOCIETIES.

BRITISH MEDICAL ASSOCIATION—PROCEEDINGS OF SECTIONS.

In accordance with our custom we give abstracts of the more important papers read before the Sections.

Section of Medicine.

The subject of the address in Medicine, by John Buckley Bradbury, M.D., F.R.C.P., was "MODERN SCIENTIFIC MEDICINE." After some preliminary remarks, he said:—

We can hardly estimate how much modern medicine owes to physics, unless we reflect how helpless the physicians in the present day would be in the study of morbid processes and their results, and in the diagnosis and treatment of disease, without such instruments as the microscope, the thermometer, the ophthalmoscope, the

laryngoscope, the aspirator, and other instruments in daily use. In the hands of skilled investigators these instruments of precision have worked changes in the diagnosis, interpretation, and treatment of disease of which the physician and surgeon of an older generation could never have dreamed.

By the aid of the microscope an advance has been made in the exact diagnosis of so-called idiopathic or progressive pernicious anemia. This disease, although first described by Addison (probably in the *Medical Gazette* for March, 1849), has only during the last few years been generally recognized—about fifty cases have been recorded by various observers. So far as I can ascertain, Addison made no microscopic examination of the blood in this disease; but in the *Guy's Hospital Reports* for 1855, Dr. Wilks, who had been testing the blood in reference to the number of white corpuscles, soon after Bennett's and Virchow's discovery of leukæmia, thus alludes to it: "In that class of cases which had specially gained the attention of Dr. Addison, and which he has designated 'idiopathic anemia,' and where, above all others, it might be presumed that the existence of an excess of colorless globules was possible, no such condition has been found. This observation of Dr. Wilks has been confirmed by all subsequent writers on this disease, and, in addition to this means of diagnosis, other important microscopical changes have been noted in the blood in this disease, which help to differentiate it from chlorosis and other closely allied diseases, such as leukæmia, etc. Messrs. Mackern and Davy, and other observers (especially Drs. Byrom Bramwell, Stephen Mackenzie, and Finny), have noticed in blood drawn from persons with this disease by the prick of a needle, that the red corpuscles do not collect into rouleaux, as in health, but lie separately, or form masses of irregular shape: that these corpuscles are very noticeably reduced in number, are variable in size, of great diversity in form, some being oval, others spindle-shaped, some having a tail-like projection, some are larger than the white corpuscles, others not one-fourth of the normal size. In all the abnormal corpuscles the so-called zooid or yellow substance (hæmoglobin) seems to be collected in one part, leaving the cœcid rest of the corpuscle (stroma) clear and transparent, and this probably gives rise to the apparent nucleation of the corpuscles.

C. M. Sørensen, of Copenhagen, emphasizes the counting of the red corpuscles for the purpose of exact diagnosis, and from observations in eleven cases of this disease, says that the number of red corpuscles counted (according to Malassez's method) is only one-fourth to one-twelfth of the normal number. Dr. Stephen Mackenzie has also made some valuable observations on the reduction of the red corpuscles, in various anæmic states; but in none did he find such a diminution as in this disease.

While upon the subject of the microscopical examination of the blood, I must not fail to mention the ingenious hæmacytometer devised by Dr. Gowers, for estimating the corpuscular richness of any specimen of blood. This instrument has the great advantage of accuracy and simplicity of application in clinical practice, and is

an improvement in the latter respect upon the "compte globule" of Malassez, and the hæmacytometer of MM. Hayem and Nachet. M. Malassez has also devised an instrument, the hæmachromometer, for estimating the amount of hæmoglobin in blood, which is both accurate scientifically, and most convenient clinically. He has pointed out that blood-corpuscle counting is of little diagnostic or clinical use, unless combined with estimating at the same time the amount of hæmoglobin present.

The diagnosis of idiopathic anemia by means of the microscope furnishes us, then, with a "general truth" as to the abnormal conditions of the blood-corpuscles, which has been "inferred from facts by successive discoverers;" and thus may serve to illustrate the statement that we have at the present time a true science of medicine, in Whewell's sense of the word.

But the thermometer has done even more than the microscope to place medicine upon a scientific basis, and to refute the statement that "we have even yet no science of medicine." I think it may be said, without exaggeration, that the treatise on "Medical Thermometry" by Professor Wunderlich has, more than any other work, furthered the progress of medicine during the last ten years; for it is only during this period that the thermometer has come into general use in the profession, although the first edition of Wunderlich's book was published at Leipzig, in 1868.

The value of the thermometer in clinical medicine has received a fresh illustration in the most interesting researches of Peter and Vidal, on local temperatures in acute pleurisy, phthisis and some abdominal diseases. M. Peter has found in acute pleurisy, from a long series of investigations: (1) that the parietal temperature outside the pleurisy, is from one-half to two degrees Cent. higher than the average temperature of the patient; (2) that the more rapid the effusion, the quicker the elevation of temperature; (3) that when secretion is not going on, and the level of the fluid remains stationary, the elevation of the parietal temperature decreases, but the temperature is still from one-half to one and a half degrees Cent. higher than the sound side; (4) that pleurisy not only raises the parietal temperature of the diseased side, but also that of the opposite side; but the parietal temperature of the diseased side is always higher than that of the healthy; (5) that, while spontaneous absorption of the effused fluid is going on, parietal temperature drops gradually; (6) that in dry pleuritis, the local excess of the heat is less than when there is effusion, and the return to the normal temperature also occurs more rapidly; and (7) that the absolute elevation of the local temperature on the diseased side, is more considerable than the absolute elevation of the axillary temperature.

M. Peter has also investigated the results of thoracentesis upon the parietal temperature, and has found, when the effusion is not reproduced, that although there is immediately after the puncture a slight rise, which lasts for some hours, nevertheless the parietal temperature afterwards decreases, and continues to do so until the normal figure is reached, unless the

effusion is reproduced, when the local temperature rises again.

Physics have also furnished us with the ophthalmoscope, an instrument which, besides being invaluable in the recognition of diseases of the eye, has of late years assisted us materially in the diagnosis of intracranial tumors, syphilis, chronic Bright's disease, acute tuberculosis, tubercular meningitis, cerebral embolism, locomotor ataxy, and other diseases which need not here be specified.

Our knowledge of the uses of the laryngoscope in clinical medicine to-day is little in advance of what it was ten years ago. Some new facts have, however, been added to our store of knowledge in this department of medicine.

In the field of medicine in which the sphygmograph has been used, the harvest has been more abundant than in the case of the laryngoscope, chiefly owing to the researches of Burdon Sanderson having been elaborated by Galabin, Mahomed and others. In his thesis, read in 1878, for the degree of M.D. in this university, Dr. Galabin, formerly Fellow of Trinity College, corroborated the views of Burdon-Sanderson, George Johnson, and others, on the use of this instrument in estimating the amount of arterial tension, as gauged by the height of the tidal or predicrotic wave of a pulse-tracing; and for the first time pointed out that high arterial tension exists in acute as well as in chronic Bright's disease. High blood pressure gives the earliest indication of the grave series of degenerative changes throughout the body, known as chronic Bright's disease, and may, if neglected, lead to disastrous results both in disease of the arteries and of the heart. High blood-pressure is the cause of all so-called heart disease in old persons; it is very amenable to treatment, and its treatment is imperatively necessary.

The possibility of recognizing Bright's disease in its pre-albuminuric stage by means of the sphygmograph leads me to think that this instrument has a great future before it. When people become wise enough to pay their doctors for keeping them in health by periodically examining them to see if there be any abnormal change taking place in their bodies, the sphygmograph must come into general use in our profession.

The remedies for high arterial tension generally are a reduction in the amount of nitrogenous food, purgatives, diaphoretics, bleeding, etc. A milk diet is of the greatest value in some of these cases, as Dr. George Johnson was the first to point out. I have over and over again relieved this condition of the circulatory system by placing patients in bed and on a milk diet. To show the value of bleeding in this condition I cannot do better than to quote a case recorded by Dr. Alexander Harvey, Emeritus Professor of *Materia Medica* in the University of Aberdeen, in his work, "*First Lines of Therapeutics*," of a young lad of eighteen, in whom general anasarca, accompanied by profound coma, occurred rapidly after scarlatina, and yielded at once to general blood-letting; the coma disappearing in ten minutes and the anasarca within twenty-four hours after the vascular tension had been relieved.

As the profession comes more and more to recognize the importance of increased blood-pressure the practice of bleeding must come again more into fashion. The *pulsus magnus, durus et tardus*, which the old practitioners invariably bled, was exactly the pulse of high pressure as we now recognize it. There can be no doubt that in the present day we too much neglect venesection. In cases of apoplexy, with increased vascular tension, bleeding is beneficial; and also in uræmic convulsions, which Mahomed regards as probably due to minute cerebral hemorrhages, produced by increased arterial tension, and not to the circulation of excess of urea or ammonium carbonate in the blood (Frerichs), or to anæmia of the brain caused by spasm of the cerebral arteries (Hughlings Jackson and George Johnson).

Some time ago it was discovered that amyl nitrite and nitro-glycerine have the property of relaxing the arterioles, and of thus temporarily reducing blood pressure. This discovery affords a most beautiful instance of what I do not hesitate to call scientific therapeutics, and affords another example that medicine is advancing to the dignity of a science. The drugs I have mentioned are especially suited to those cases in which the heart fails to overcome the great arterial pressure, as, e. g., angina pectoris, and the angina attacks occurring towards the end of chronic Bright's disease. To Dr. Brunton we are indebted for the discovery of the action of amyl nitrite in angina pectoris. In his "*Gulstonian Lectures*," delivered in 1877, he cites a remarkable instance of its successful administration.

Nitro-glycerine has been shown by Dr. Murrell to have the same physiological action as amyl nitrite, and may be used in the same cases. Its effects are said to be more gradual and lasting; it may, therefore, be taken regularly three or four times a day, and the arteries thus be kept in a constant state of relaxation.

Another instrument of precision for which we are indebted to physics is the aspirator, which has proved such a great boon to the physician and surgeon in the diagnosis and treatment of various diseases, especially of hydatid disease of the liver.

The stethometer, invented by Dr. Ransome, of Bowdon, is another instrument of precision, of value in the detection of some chest affections. Like the sphygmograph, the stethometer is not for ready application at the bedside, and has consequently not come into general use in the profession. It is capable, however, of rendering important information in some doubtful cases of lung disease. According to Dr. Ransome, it has, in several instances, indicated traces of former lung disease that no physical examination of other kinds could display; hence it is certainly useful in examination for life assurance. Dr. Ransome, in a private note, informs me that he thinks stethometry of chief value in estimating the probable course of cases of phthisis and pleurisy. In the chapter on Prognosis, in his book on "*Stethometry*," he spoke with diffidence on this point; but he is now much more certain of the value of exact measurements in this regard.

I have found electricity of considerable value in some cases of progressive muscular atrophy and of infantile paralysis; and there can be no doubt of its use in removing chronic facial paralysis from cold, and in some cases, of chronic neuralgia. Faradism and galvanism are the forms in which electricity is chiefly used in the present day; but static electricity, produced by the old plate machine, has recently been found superior to these, in certain cases of hysteria recorded by Vigouroux, Dujardin Beaumetz, and Erlenmeyer.

Thus far, I have mainly endeavored to show the advantages which have accrued to practical medicine from the use of instruments of precision, for which we are indebted to the science of physics; and perhaps I ought not to conclude without uttering a word of caution, especially to the younger among us, not to rely too exclusively upon the information derived from the use of these instruments, to which perhaps there is a great temptation. The knowledge with which they supply us is, on account of its accuracy, of the greatest value, and at present the advance in the recognition and treatment of disease is chiefly due to them; but we must not ignore the aids which stood our predecessors in such good stead, the information with which the physiognomy, especially of patients, furnishes us; the estimation of the nervous element in patients, and the other features of disease recognizable by our senses, which I need not here mention, but which are known to every cultivated physician, and which cannot be measured by any instruments. We must still, therefore, be contented *stare super antiquas vias*; cultivating that "tact" upon which our ancestors mainly relied.

Section of Surgery.

The address in Surgery, by Timothy Holmes, M.A., F.R.C.S., Eng., was on "FERGUSSON AND CONSERVATIVE SURGERY—EXCISION OF THE KNEE AND OF THE HIP."

In speaking of Sir William Fergusson and his relation to the history of the progress of Surgery, he said—

It is not necessary to recall the particulars of the career of one whom most of us knew so well; or to give a catalogue of his works; or of the improvements which he introduced into practice. It will be enough for me to test the effect which his career has had on surgery, by the result (as far as has been ascertained hitherto) of that portion of his teaching of which he was, with reason, the most proud, and which, as I contend, marks a great step in the progress of our art. I mean what Fergusson called Conservative Surgery—the excision of bones and joints. Yet, a few words may be permitted to me to mark my admiration of one from whom I learned so much; and who was, I think, of all departed surgeons since Brodie's death, the only one who had passed the line—so difficult to trace in life, but so surely recognized in after times—which separates eminence from greatness. It was not by depth of learning, by eloquence of language, or by philosophical acumen, that Fergusson attained greatness. In all these qualities he had his superiors. It was rather in zeal for the promotion of the art

of healing, in amplitude of resource, in dexterity, and, above all, in enterprise and daring, that he excelled all his contemporaries. The truth of this is well illustrated by the great surgical exploit which I have taken as my theme to-day, viz., the introduction of Conservative Surgery. It is nothing to the point to say that Fergusson did not devise any of the operations of conservative surgery; that Park, of Liverpool, and White, of London, had excised the knee and the hips long before Fergusson's time; and that both operations had been repeated by other surgeons. Those operations were practically disused. They could hardly, indeed, have been expected to come into general use before the introduction of anaesthetics. But what Fergusson insisted on was something much beyond the substitution of one operation in surgery for another. It was the great principle of preserving a limb, and, as far as possible, the functions of the limb, while eradicating the disease of one of the joints—a principle as applicable to excisions as to amputations, and which, in the hands of later surgeons, will, I have no doubt, limit the use of many of the excisions as much as, when applied by him, it limited the use of amputation. For there is a vitality in all sound principles which not only outlasts the occasion that called them forth, but often renders the first form in which they appear speedily antiquated, and even apparently erroneous.

I am not sure that it will not be so with excisions in the lower limb; nor would it detract in the least degree from Fergusson's merit, in my mind, if it were so; nay, I think it would enhance it. What Fergusson contended for, and what many of his contemporaries were slow to admit, was, that the surgeon should propose to himself not merely the cure of the disease, which often is easily within the reach of the amputating-knife, but also, as much as possible, the restoration of the limb to its natural functions. That is common sense, you will say, and no discovery. To this I would reply, that almost all great innovations in practice are really expressible in terms of the simplest common sense, and may be made to look like truisms; yet, in the days of which I am speaking, if I may trust my own recollection and a moderately extensive acquaintance with the surgical literature of the period, the principle of conservative surgery was anything but admitted. I can remember being present, thirty years ago, at the first excision of the knee which Fergusson performed at King's College Hospital; and I recollect the sort of half-anxious interest with which the novel proceeding was looked forward to, and the sort of half-disappointment when it was found that the operation was nothing so striking after all—that it was simple, easy, bloodless, and quite within the reach of any one who chose to repeat it. In those days, who thought of laying open the cavity of a large joint—except, perhaps, as a desperate measure in cases of acute suppuration, in which amputation would have been extremely hazardous? Who ever thought of treating diseased joints by incision and drainage, or any of the milder forms of treatment which are now coming into common use? All this is now changed, I admit, as far as the surgery of the knee is con-

cerned, and is perhaps in process of change in the case of the hip; but I am far from persuaded that it is so when smaller parts are in question. I have seen many and many a foot amputated, that I not only think, but (if such a term be applicable to a future event) *know*, might have been saved by some excision or partial removal of the tarsus. Yet, if Fergusson's great principle, that two legs are better than one, be good in the case of the knee, surely the same principle, that ten toes are better than five,

may be accepted in the case of the ankle or the tarsus. And the further application of the very same view of surgery is more and more coming into prominence—viz., that by judicious surgical interference, more and more cases may be rescued from all mutilation whatever, and the limb be really "conserved," unshortened, and in some cases even unafflicted, to bear its owner possibly through some future Peninsular campaign, "to go anywhere and do anything."

[To be continued.]

EDITORIAL DEPARTMENT.

PERISCOPE.

Removal of the Tongue by Median Division or Splitting.

Mr. Morratt Baker, of London, recommends a method of removing the tongue for disease, which seems to possess some advantages. The operation is thus described in the *Lancet*, April 10, 1880: "After the introduction of a suitable gag, and the removal of any sharp or jagged teeth which might be in the way of the operator, two threads are passed through the tongue about an inch behind the tip, and half an inch on each side of the middle line. The tongue being now drawn forward and upward the frenum, and, as far as it may seem necessary, some of the muscular attachments of the tongue to the lower jaw in front, are now snipped through with strong, rather curved, scissors, and the scissors are then run along the floor of the mouth at the side, beneath the mucous membrane, as far back as may seem requisite, keeping close to the lower jaw, both for the avoidance of hemorrhage and for the sake of being clear of the disease. The operator now, with his forefinger, clears the tongue in front and at the sides, and drawing it well forward again, and giving one thread to his assistant while he holds the other himself, he cuts steadily along the middle line of the tongue from the tip backward, and furthest along the mucous membrane. On the withdrawal of the knife, the finger is again introduced, and it will be found quite easy to complete with it the median division of the tongue, by a little tearing or splitting between the two halves. The only part which cannot be thus torn is the mucous membrane of the dorsum. Hence the advice just given, to divide this with the knife as far as may seem necessary for getting beyond the level of the disease. The *ecraseur* is now slipped over the diseased body of the tongue, the assistant turning the screw while the operator keeps the loop as far behind the disease as possible. This is, of course, one of the most important parts of the operation; any want of care at this stage being shown afterward by the narrow margin of healthy tissue, or by none at all, left attached to the diseased mass. The insertion of curved needles behind the disease, in order to ensure the division by

the *ecraseur* of healthy tissue, is often advisable, but, for the reasons previously given, must not be considered a sufficient safeguard in the absence of free separation of the tongue's attachments in front and at the sides."

Mr. Baker finds this method good not only in cases of partial removal of the tongue, but of the whole organ also. The two halves are more completely under control than the tongue as a whole; and by working with two *ecraseurs* simultaneously no time is lost.

Poisoning by Ergot.

The following report by Dr. Jno. M. Keating, of Philadelphia, of a case of poisoning by ergot, appeared in the *Medical Record*, September 18th, 1880:—

I was engaged to attend Mrs. D., in her confinement, to come off the first week in the current month, as it eventually did.

The family had moved to the city from a country town, some years ago, and Mrs. D. was placed under my care for uterine disease. She had some inflammatory trouble following a previous labor. After a short course of the usual treatment she entirely recovered, and soon after became a second time pregnant.

At the third month she over-fatigued herself by some house-cleaning duties, and a miscarriage resulted. I was absent from the city at the time, and upon my return, at the end of the summer, found my patient relapsed into her former state, with side-ache, purulent uterine discharge, subinvolution and its accompaniments. Once more she regained her normal condition, and again became pregnant. As the uterus enlarged there were evidences of "binding down," probably from some old adhesions about the left ovarian region. For some weeks previous to confinement she was unable to leave the house, for the abdomen was very much enlarged. There was great flatulence, and the patient suffered continually from left sciatica. The child was a large one, but the pelvis was capacious.

Fearing some difficulty from uterine inertia, I explained her case to a medical friend, and urged her to send at once for him, should the messenger find me absent from my office. As is usual in these cases, the child came at an inop-

portune time, but my friend arrived early enough to save the patient considerable pain by the application of the short forceps of Simpson. The head had well descended, and was resting at the outlet, but the uterus was unable to contract sufficiently to produce expulsion.

There were placental adhesions of great firmness, and in consequence more than the ordinary amount of hemorrhage.

At last the uterus was well emptied, the binder applied, and two drachms of the fluid extract of ergot administered; this by the doctor himself.

The patient was left comfortable, with instructions to the nurse to send for the doctor at once in case of hemorrhage, and while the messenger was absent to give the patient half a drachm of the ergot every half hour till the doctor's return. By a misunderstanding the half drachm of ergot was administered every half hour from the time the doctor left. I reached the house a few moments after the messenger had been sent in search of me, and found my patient presenting an appearance that was indeed alarming. The face was of a bluish tint, and she seemed in great pain. The pupils were dilated, the pulse was quick, very weak, and occasionally irregular: there was dyspnea, nausea (no vomiting), buzzing in the ears, and at times a tendency to syncope. The skin was cool and clammy. I was informed that another baby was expected. Upon inquiry, I learned that in all she had taken about half an ounce of the fluid extract of ergot (and this was afterward corroborated by the medical attendant, from the amount left in the bottle, which he himself had brought to the house). I loosened the binder, lowered her head, gave her some whiskey, and stimulated the circulation by rubbing, and in the space of half an hour the severity of the symptoms had gradually passed, and patient was left to sleep off a dose of morphia and potass. bromide that was administered.

One of the most interesting features in the case was the powerful uterine contractions. This alone was so marked as to have silenced in my own mind any doubt as to the efficiency of ergot, had I ever been a skeptic on the subject.

The Cause of Milk Sickness.

Dr. M. H. Carson, of Smithland, Ky., says, in a communication to the *Medical Herald* for September, 1880—

In my youth I resided in Blount County, East Tennessee. There was a range of hills through that and Monroe counties. The soil was red and very productive of grain, and where it was not cultivated vegetation was most excellent summer range for the cattle. In many places the milk-sickness prevailed and large numbers of cattle died. At times it proved very fatal to those who used the milk from infected cows. It was discovered that cattle kept penned until dew dried off escaped the disease. This led the people to believe that it was caused from mineral poison that arose out of the earth and settled with the dew on vegetation, as nitre does on the tobacco leaf. In wet weather the stock would not be af-

fected with the disease. This belief became so universal that the owners of stock kept it up until the dew was gone. The region where it prevailed—in Monroe County, in a portion of those hills—seemed to be most thoroughly impregnated. The people living along the valley concluded to fence against it. They built a fence of rails to the distance of six or seven miles. I was not a physician at that time, but my recollection is that those poisoned by using the milk were affected similarly to those poisoned by arsenic. I have attended but one case of milk-sickness, and that was in the neighborhood of Mayfield, Ky., about thirty-nine years ago. My patient was the mother of six or seven children. I treated her as I would a case of arsenical poisoning, and her recovery was complete. From my recollection of those that I have seen in my youth I was satisfied hers was of the same character. In the yard where my patient lived there were two calves sick with the disease. When standing their legs would tremble, and, in fact, the whole frame would be in a quiver. From what I have heard and seen I am fully satisfied that it is a poison similar to arsenic, and that it rises from the earth with the moisture and settles on vegetation.

A Case of Complete Absence of Anus.

Dr. H. Holmes reports the following case in the *Boston Medical and Surgical Journal*, September 16th, 1880:—

August 4th, 1880, Mrs. R. gave birth to a boy, her fourth child, weighing eight pounds. The infant seemed vigorous, and cried lustily. The parents are both healthy and strong, as are their previous children.

Before my visit the following day the superannuated nurse had discovered the child had no anus. There was a complete absence. With the assistance of a neighboring physician and ether, the child was operated upon when forty-eight hours old, with the following result. The raphe of the scrotum extended past the site of the anus to the coccyx, but no impulse could be obtained by taxis where the anal orifice should be, nor could the meconium be seen, showing the septum to be something more than a membrane.

An incision at the site of the anus, along the central line, an inch or more in extent, was made by careful dissection through a mass of fibro-cellular tissue, penetrating the pelvic cavity nearly an inch and a half before meconium was reached. The incision was carried back well toward the sacrum, to avoid wounding the bladder, which I endeavored to empty before commencing the operation, and this afforded a point of especial interest. The gentle pressure made over this viscus forced from the penis no urine, but *meconium*; the pressure was repeated, with a like result, furnishing enough of the discharge to leave no doubt as to its character. It would be interesting to know just how or where this secretion found its way into the urethra, but no autopsy could be obtained. This complication, together with the depth of the incision, discouraged any attempt to drag down the mucous membrane of the bowel (as suggested by Amussat)

to the anal orifice, and confine it there by sutures.

The nurse was an octogenarian, and was not persistent in her efforts to nourish the child, and the parents were impressed that the more nourishment it took the longer it would suffer; and it died on the eighth day from its birth and the fifth from the operation.

Paracentesis of the Pericardium.

Dr. Kummell, of Berlin, relates, in *Berliner Klinische Wochenschrift*, 23, 1880, and *Med. Rec.*, July, 1880, the history of two cases in which this operation was performed. In the first a young man was suffering from acute rheumatism, with considerable pericardial effusion. The dyspnoea was extreme, and in order to relieve this symptom paracentesis of the sac was decided upon. The needle of an aspirator was passed in at the fourth intercostal space, and about two ounces of blood-stained fluid were removed. The dyspnoea ceased almost immediately, there was no recurrence of the effusion, and the patient recovered rapidly. In the second case the patient was aged fifty, very anæmic, and emaciated. There was effusion into the left pleura and into the pericardium. On the sixth day of treatment the pericardium was aspirated, and thirteen and a half ounces of clear fluid were removed. The relief was immense, but in two days it was found necessary to repeat the operation. Fifteen ounces were removed, but the patient died on the fourth day, the fluid having rapidly reaccumulated. At the post-mortem examination thirty ounces of fluid were found in the sac. The wounds made by the needle had healed, and no trace of inflammation could be found in the course of that instrument. Kummell recommends that a preliminary puncture should be made with a Pravaz syringe, which can be done without danger. The puncture should be made about two inches from the left margin of the sternum, in one of the spaces between the cartilages of the fourth and seventh ribs. The puncture is best made with a hollow needle, of the diameter of about one-twelfth of an inch.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—A monograph on "Interpretations of the Structure and Function of the Kidney," by Andrew W. Smyth, M.D., of New Orleans, La., comes to us in the form of a reprint from the *New Orleans Medical and Surgical Journal*, May, 1880.

—*Godley's Lady's Book* for October has a frontispiece, entitled, "Take your arm away directly, Mr. Joseph, or I'll call Miggs;" "Robin Adair" (song and music); the latest fashions; and much interesting reading matter.

—The contents of the *North American Review* for October are: "The Democratic Party judged by its History," by Emery A. Storrs; "The Success of the Electric Light," by Thomas A. Edison; "The Ruins of Central America," Part II, by Desiré Charnay; "The Observance of the Sabbath," by Rev. Dr. Leonard Bacon; "The Campaign of 1862," by Judge D. Thew Wright; "The Taxation of Church Property," by Rev. Dr. A. W. Pitzer; "Recent Progress in Astronomy," by Prof. E. S. Holden.

BOOK NOTICES.

Transactions of the Medical Association of the State of Missouri, at its twenty-third annual session, held at Carthage, Mo., May 18th, 19th and 20th, 1880. St. Louis, Davis & Freegard, Printers, 417 North Third Street. pp. 164.

Transactions of the Medical Association of Georgia. Twenty-first annual session, Augusta, April 21st, 22d and 23d, 1880. Atlanta, Georgia, James P. Harrison & Co., Printers and Publishers. pp. 251.

Transactions of the State Medical Society of Arkansas, at its fifth annual session. Little Rock: Printed by James Mitchell, State Printer, 1880. pp. 120.

Transactions of the Mississippi State Medical Association, at the thirteenth annual session, held at Vicksburg, April 7th, 8th, and 9th, 1880, with the Roll of Members and Reports on Medical Topics. Published by the Association, Jackson, Miss. The Comet Book Printing Establishment. pp. 177.

Transactions of the Iowa State Medical Society for the years 1879 and 1880. Published by the society; Vol. iv. Des Moines, Iowa State Register Print. pp. 251.

In the *Transactions of the Medical Association of the State of Missouri* we find, besides the annual address of the President, Dr. G. M. B. Mangles, of St. Louis, on *Medical Ultraisms*, in which he points out the effects of fashions in Medicine, essays on the following subjects:—

"Deformity at the Wrist Joint Successfully Relieved," by Dr. A. J. Steele, of St. Louis; "The Simplest Uterine Manipulations and Operations and the Accompanying Dangers," by Dr. Geo. J. Engelmann, of St. Louis; "The Relation of Mind to Matter," by Dr. J. M. Allen, of Liberty; "The Dry Method of Treatment of Discharges from the Ear," by Dr. Charles A. Todd, of St. Louis; "On Miasmata," by Dr. J. E. Tefft, of Springfield; "Lithotomy and Lithotripsy," by Dr. H. A. Mudd,

of St. Louis; "Report of Committee on Medical Education," by Dr. Samuel S. Laws, of Columbia; "Report on the Progress of Medicine," by Dr. J. S. B. Alleyne, of St. Louis. An animated discussion followed the reading of these papers. A list of the members of the Association, together with a list of officers and places of meeting from the time of its organization to the present, as well as the By-Laws and Code of Ethics, are appended. The volume is bound strongly, in cloth.

The President of the Georgia Medical Association, Dr. Joseph A. Eve, of Augusta, in his address, gave a brief review of the progress which has been made in the science of medicine during the last half century. This was followed by the annual oration, delivered by Dr. W. S. Kendrick, of Atlanta, and a large number of papers of interest, among which were: "Scrofulous Disease of Joints Complicating Phthisis," by Dr. Robert Battey, of Rome; "A Report of Forty-two Cases of Uncomplicated Stricture of the Urethra," and some remarks upon the treatment, also "Two Cases of Aneurism," and one of "Fracture of the Skull in a Child, with Recovery," by Dr. W. S. Armstrong, of Atlanta; "Organic Affinity—Vital Selection," by Dr. Lewis D. Ford, of Augusta; "Ophthalmic Operations, with Remarks on After-treatment, and the Ophthalmic Use of Quinine and its Therapeutic Action," by Dr. A. Sibley Campbell, of Augusta, with several others.

The Transactions of the Medical Society of Arkansas show that there is a great amount of life and activity in that body. The President, Dr. E. T. Dale, in his address, urged strongly the necessity for medical legislation, a higher standard of medical education, and the establishment of a State Board of Health. The "Report on State Medicine," by Dr. D. A. Linthicum, chairman of committee, showed evidence of earnest determination to accomplish something. Dr. J. B. Cummings gave an account of the yellow fever as it appeared in Forest City, Ark., during the summer of 1879. Dr. J. H. Southall read a paper on "Expert Testimony without Compensation." Besides these, there were several other very interesting papers.

The President of the Mississippi State Medical Association, Dr. E. P. Sale, of Aberdeen, took for his subject "The Duties we Owe our Women," which he discussed from a medical, or rather hygienic standpoint. Dr. B. F. Ward, of Winona, delivered the annual oration, on "Medicine in the Cotton States." Dr. S. V. D. Hill, of Macon, read a paper on "Recent Advances in Surgery,"

and Dr. N. L. Guise, of Fayette, on "Recent Advances in Obstetrics." Malarial Hæmaturia, was the subject of a paper by Dr. J. M. Greene, of Aberdeen; Dr. F. Kittrell, of Black Hawk, reported a case of "Hemorrhagic Malarial Fever;" and Dr. C. A. Rice, of Vicksburg, read a paper on "Treatment of Wounds." There were several other shorter papers, though of no less importance.

The annual address of Dr. Carpenter, President of the Iowa State Medical Society, was on "Our Duties to the Public." Among the numerous papers presented were: "Mental Peculiarities in Connection with Uterine Diseases," by Dr. M. Abbie Cleaves, of Davenport; "Mental Therapeutics," by Dr. S. B. Chase, of Osage; "Croup," by Dr. William Ott, of Riverside; "Infantile Summer Complaint in its Relation to Meteorology," by Dr. W. W. Grant, of Davenport; "Malaria," by Dr. C. H. Lothrop, of Clinton; "Pyrexia, as an Element of the Typhoid Condition," by Dr. D. Scofield, of Washington; "Asthenopia," (with illustrations of testing for astigmatism), by Dr. E. H. Hazen, of Davenport; "Typhoid Fever," by Dr. Reuben Sears, of Marshalltown; "Clinical Report of a Case of Ovariectomy," by Dr. G. R. Skinner, of Cedar Rapids; and numerous others of no mean interest.

A Practical Treatise on Tumors of the Mammary Gland, embracing their Histology, Pathology, Diagnosis and Treatment. By Samuel W. Gross, A.M., M.D., Surgeon to, and Lecturer on Clinical Surgery, in the Jefferson Medical College Hospital, and the Philadelphia Hospital, etc., etc. Illustrated by twenty-nine engravings. New York, D. Appleton and Company, 1, 3 and 5 Bond St. 1880. Cloth, 8vo, pp. 246. Price, \$2.50.

This work is the result of a careful study of sixty-five cases of cysts, and nine hundred and two cases of neoplasms of the breast, the microscopical structure of which the author has examined, and also investigated their general pathology, and applied the principles which are fairly deducible from their anatomy and history, to their differential diagnosis and to their rational treatment. A treatise based upon the systematic analysis of so large an amount of material cannot fail to recommend itself to the intelligent surgeon, especially as it, so far as we know, is the only recent work published which affords any trustworthy information on this important subject. The author shows an intimate knowledge of the investigations of others, and refers to them frequently throughout the work, a fact which materially adds to its value.

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D. G. BRINTON, M.D., EDITOR.

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THE INCREASE OF INEBRIETY.

The subject of the abuse of intoxicating beverages is so trite a one that nothing but the magnitude of the evils it produces could justify so frequent reference to it. But the fact is, the position of medical men towards it is so influential that they more than any other class of the community should endeavor to have positive opinions and be able to state and defend them clearly.

It cannot be doubted but that within the last ten years the general professional opinion has become more and more decidedly against the consumption of such beverages. This is especially noticeable in England. That is a country where the general habit of the better classes has for generations been toward free indulgence, and most physicians a score of years ago expressed themselves in favor of the constant moderate use of beer, wine and spirits. Within the last twenty years the use of these beverages has vastly increased among the lower classes, chiefly through the opening of thousands of ale houses under an act passed in Gladstone's time,

and by the permission to all grocers to sell liquor in bottles. The depravation of health and morals has been so clear that a visible change can be seen in the tone of all the principal medical journals. The eyes of the profession are opened to the enormous ill effects of such indulgence, and the opinion is gaining ground daily that some severe restrictive measures will have to be inaugurated.

Such leading sanitarians as Dr. B. W. RICHARDSON and Dr. ALFRED CARPENTER pronounce unhesitatingly in favor of total abstinence as the only safe ground, at least for the Englishman. They believe in dealing with the inebriate in such a manner that he will not harm and ruin, as he generally does, his family with himself. The only way to do this is by declaring him *non compos mentis* and placing him in restraint.

Such a resource will meet with great opposition in England as it will in this country. To be sure we have on the Statute Books of several States laws to this effect; but the difficulty of enforcing them is so great that it is only attempted under exceptional circumstances. To make them useful, it must be recognized that an uncontrollable craving for drink is a kind of insanity, but that an ordinary drunkard is not insane, but only violates an ordinance, for which he should be punished. It will not do to confound these separate classes. The public know too well, that plenty of men who frequently drink to excess are not insane, and it will not do to attempt to pass the same statute with penalties the same for both cases. This is well put in an article by Dr. J. K. BARTON, in the *English Practitioner*. He concludes his discussion of the subject as follows:—

"We may sum up, then, that dipsomania is a real insanity. That if unchecked it will assuredly kill the patient. That the only possible way to cure, or stop it, is to put the patient under restraint for a period not less than twelve months, but if for three years, there is more chance of a permanent recovery. And we would urge most strongly the necessity for the State interfering and legislating on their behalf. Also that we require two distinct acts—an act for the treatment of dipsomaniacs, and an act for habitual drunkards."

Such, no doubt, will be the tendency of future

legislation; and it is felt to be a pressing necessity at just this time.

The organization of institutions for the treatment of this class of cases is receiving increased attention. The lamentable failures which have taken place in some instances, in this country, are justly attributed to erroneous theories of management, or defective executive ability on the part of the superintendents. With increased experience and a more accurate discrimination of cases, we cannot doubt that such institutions will become more numerous and more successful.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF INCONTINENCE OF URINE.

Mr. Roberts Arthur Jones states, in the *British Medical Journal*, September 11th, 1880, that the treatment he has usually adopted, and always found successful, in "Nocturnal Incontinence of Urine," is sponging with cold water, night and morning, especially the loins, and the following mixture:—

R.	Tinct. belladonnæ,	3 ss
	Liquor potassæ,	
	Glycerinæ,	āā 3 ij
	Aquæ,	q.s. ad 3 viij. M.

SIG.—Two tablespoonfuls night and morning.
(N.B.—This dose, is of course, intended for adults.—Ed).

TREATMENT OF ANAL FISSURE.

Dr. Hamon informs us, in *Le Praticien*, that instead of employing forcible dilatation, he applies to the fissure, with a camel-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

JABORANDI IN MUMPS.

Dr. Testa states, in *Il Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions:—

1st. Jaborandi is an efficient remedy in mumps. 2d. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3d. Administered early it will prevent the development of the affection. 4th. It may prevent the metastases which are not infrequent.

HOW TO DISGUISE THE TASTE OF BROMIDE OF POTASSIUM.

The unpleasant taste of this drug may be easily overcome by giving three drachms of simple syrup with each drachm of the bromide. The three drachms of syrup, if properly made, should contain about one hundred and fifty grains of sugar. This completely alters the taste, giving it an agreeable nutty flavor, not unlike to cocoanut milk, if largely diluted. Children take it with avidity. The sugar in no way alters the medicinal virtues of the drug. This is a boon to epileptics and others who have to persevere in large doses of the bromide.

TREATMENT OF HERPES.

M. A. Fournier, in *La France Médicale*, recommends, after washing the ulcerated vesicles of herpes with hypochlorite of soda solution diluted with half its volume of water, that the wound be covered with cotton wool impregnated with the following powder: subnitrate of bismuth, four parts; calomel and oxide of zinc, of each, one part. If the eruption is extensive, he recommends absolute rest, the administration of baths with bran or starch, and the internal prescription of opium and bromide of potassium.

The Treatment of Gonorrhœa.

Mr. W. Watson Cheyne, Assistant Surgeon to King's College Hospital, gives, in the *British Medical Journal*, July 24th, 1880, the results of a series of experiments in the treatment of gonorrhœa which he has carried out, and which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrhœal pus, and Mr. Cheyne has verified the observations by cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is—five grains of iodoform, 10 minims of oil of eucalyptus, and 35 grains of cacao butter. The bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this, an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to 40 or 20 ounces), to be used for two or three days. At the end of that time injections of

sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.

Treatment of Nævus.

A correspondent to the *British Medical Journal* states that some time ago he tied a mixed nævus, of the size of a bean, upon the shoulder of a female child, eight or nine months old. Four hours afterward he removed both needles and ligature, with the view of preventing a scar—a plan recommended by Mr. Cooper Forster. Much inflammation was caused by exposure to cold; and the nævus, at the end of two months, was unaffected. The operation was repeated (under chloroform, as before); but at the end of eight hours an attempt to remove the thread failed; it therefore remained in its place. It had been tied tightly enough to cause fluid to exude from the tumor. Next day there was inflammation around the base. He now drew the surrounding skin of the back, chest and shoulder toward the tumor, by means of long strips of plaster, so as to throw it into loose folds (thus relieving tension), leaving the tumor visible in the centre. The redness and swelling quickly disappeared; there was not a drop of pus or other fluid seen; the tumor dried up, and in a few days fell off with the ligature; not thrown off by ulceration, but simply falling like a dead leaf. Since ulceration causes a large scar, and as it probably depends chiefly, as in many other cases, upon the tension of the surrounding skin, this expedient may save marks in situations where it is important to avoid them. The scar in this case was not so visible as even a mild vaccination-mark.

New Operation for Prolapsus Uteri.

The *Canada Medical Journal* informs us that a radical operation of a novel character, for the relief of prolapsus uteri, has been originated by Lefort, of Paris. It consists in uniting the anterior and posterior vaginal walls along their mesial lines, so as to make two vaginas instead of one. After the operation the two vaginas lie in lateral proximity, like a double-barreled shotgun. The surfaces freshened are about half an inch wide and two inches long, and are held in position by sutures. The operation is said to be not difficult of performance, and quite successful in preventing prolapse.

The Peripheric Measurements of Temperature.

Dr. B. von Aures, has, according to *Würzburger Phys. Med. Verhandlungen*, Band xiv., measured, in fifty patients with pulmonary disease, the temperature of the skin by means of a specially constructed thermometer with a flat reservoir for mercury, which was protected against the influences of the external temperature by a glass shade. He sums up his result in the following sentences. 1st. The peripheric measurements of the temperature of the skin may be of practical importance. The grades of temperature observed are not accidental, but they are in direct relation to certain conditions of the internal organs (lungs). 2d. In healthy persons, it is only seldom observed that the temperature of one side is equal to that of the other. A slight irregular difference is almost always observed; sometimes the temperature of the right side is higher, sometimes that of the left side, the difference, however, never exceeds 0.1 to 0.3°C. (0.18 to 0.54 Fahr). 3d. The temperature is always higher on the side where there is an inflammatory process. The difference varies from 0.3 to 1.5°C. (0.54 to 2.7 Fahr). The temperature is lower at a point of the skin which corresponds with a cavern situated at the periphery, than at any other parts of the chest. 5th. That portion of the lungs which is completely croupous gives a lower temperature than the part which is in the first stage of pneumonia.

On the Cause and Prevention of Phthisis Pulmonalis.

Dr. Fredrick Eklund, of Stockholm, in a paper read before the Swedish Medical Society, June 18th, 1880, which is now before us in pamphlet form, claims to have found in the sputa of those affected with phthisis small, round lymphoid cells, filled with what he calls phthisis bacteria (*micrococcus phthisis dryotemenos*). Having further examined samples of earth and decaying animal and vegetable substances taken from districts where phthisis is common, he invariably found micrococci, which were identical with phthisis bacteria, and he concludes from this that phthisis is a disease of miasmatic origin. As a prophylactic against this disease he considers it of the utmost importance to isolate the houses we live in from the ground on which they stand, by means of asphaltum, or cement; to impregnate the floor planking with paraffine or boiled linseed oil, and to remove the damp air from cellars through chambers surrounding the chimney. Regarding phthisis as a contagious

disease, he thinks that the walls of tenement houses should be replastered and papered, and the floors scraped whenever there is a change of tenants, and recommends that every possible sanitary precaution be taken to prevent its spread.

A New Dressing for the Navel.

Dr. Dorhn recommends, in *Centralblatt für Gynecologie*, No. 14, 1880, the following arrangement, in order to avoid the evil effects which occasionally follow the separation of the cord when dressed in the usual fashion. The newly-born child, after having its navel string tied and cut, is first washed in the usual manner, after which it is laid on a table, and the remains of the navel string, as well as the parts round about the navel, washed with a two and a half per cent. solution of carbolic acid. The cord is now tied a second time, with a ligature which has been duly carbolized, and the superabundant portion of navel string cut off with its previous ligature attached to it. A layer of carbolized wool is applied over the stump of the navel string, and over all a portion of sticking-plaster about the breadth of the hand is firmly fastened. This dressing is allowed to remain till the seventh day without being either aired or renewed. On removing it then, the remains of the navel string will be found either nearly or entirely separated. In the former case it is cut off with a scissors. The author declares that he has found this dressing satisfactory in twenty-eight cases.

Subcutaneous Injection of Water in Articular Rheumatism.

According to *Gazette des Hopiteaux*, August 15, 1880, Prof. Potain exhibited at the Necker Hospital the effects of injecting water in a case of polyarticular rheumatism. First, he injected a solution of morphia (one centigram to fifty grams) opposite one of the knees, which scarcely caused any pain, but gave very little relief, the patient continuing to suffer greatly. Immediately afterward an injection of pure water was made opposite the other knee, which caused excessive pain as it penetrated into the dense tissues surrounding the joint. But in forty-five seconds all pain had ceased, the patient seemed relieved as if by enchantment, performing rapid movements with the limbs that just before he dared not move. The means, of course, has no curative action in rheumatism, and is a mere adjuvant, which, however may often prove of great utility.

Xylotherapy.

The *Medical Press and Circular*, September 8th, 1880, informs us that at a recent meeting of the Société de Therapeutique, M. Dujardin-Beaumetz read for M. Jourdanis a note on the æsthesiogenic properties of certain woods applied to the skin, which he calls xylotherapy. M. Jourdanis has applied plates of wood to the insensible skin, and as with plates of metal, magnets, sinapisms and blisters, has obtained a return of sensibility. The applications of wood seem to be more active than the other means. All woods do not act with equal intensity, and with regard to their efficacy may be classified in the following order: cinchona bark, thuja, rosewood, mahogany, pitch pine, walnut, maple, apple; poplar, ash and plane produce no effect. Return of sensibility is accompanied by congestion of the skin. We cannot suppose these phenomena to be caused by electric currents.

Epilepsy from Foreign Body in the Ear.

Dr. Katz, of Berlin, states, in *La Presse Medicale Belge*, that he had recently under his care a woman, thirty years of age, who had never shown the least sign of hysteria or any other disease of a nervous origin. For a year she had had very troublesome noises in the ear, and about the same time became subject to epileptiform attacks, at intervals of one or two months. All the means employed to cut short these attacks were fruitless. When Dr. Katz saw the patient, at the end of last year, he was not long in discovering at the bottom of the left auditory meatus a black mass, which was extracted with some difficulty, and was found to consist of a roll of cotton wool covered with cerumen. Freed from this foreign body, the woman found herself relieved at the same time of the disagreeable sensations in the left ear, and the convulsive fits.

Treatment of Uterine Fibroids and Myomata.

In a paper read before the French Association, and published in *l'Union Medicale*, August 17th, 1880, Prof. Courty stated that he was able in most of these cases to effect resolution of the tumor by a combined plan of treatment, and in almost all cases to produce real and considerable relief. Besides general measures—tonics, alteratives, iodide and bromide of potassium, etc.—he resorted to (1) injections, used as hot as the patient could bear them (about 113° Fah.), composed of twenty-five grams of carbolic acid to the litre of water, this being an excellent anti-

congestive and anti-hemorrhagic measure; (2) subcutaneous injections of ergotine; and (3) the electrolytic action of the continuous current. Prof. Verneuil observed, that success attended this treatment in about a third of the cases, it being excellent in the congestive form of fibroma, but of no avail whatever in old fibromata. In cases in which serious hemorrhages are met with, and one or two tender points can be felt in the region of the ovaries, hypodermic injections of morphia relieve the pain and arrest the hemorrhage. M. Denucé also stated that he had found these morphia injections very efficacious, and in one case, after employing them three or six months, he obtained complete resolution.

To Get Leeches to Fasten.

Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy. Put the animals in a small glass vessel half filled with water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten, the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test tube in place of a glass; by this means the animal may be compelled to bite at just the point desired.

Treatment of Diphtheria.

M. Crequy, according to *La France Médicale*, commences his treatment of diphtheria by removing the false membrane with a forceps; he endeavors by a twisting motion to remove the membrane, without breaking it, in as large a piece as possible; he then with a sponge dabs the denuded mucous surface with a solution of tannin. He never hesitates to adopt this method in all cases.

Fracture of the Neck of the Femur.

Dr. Bezzi draws attention, in *Lo Spallanzani*, Nos. 1 and 2, 1880, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known. In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are

tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well marked depression, a flaccidity and diminution of tension, from displacement upward of their points of insertion.

CORRESPONDENCE.

Septicæmia from the Use of a Rubber Bandage.

ED. MED. AND SURG. REPORTER:—

Martin's Rubber Bandage having been now before the profession of America, if not the world, for some three years, without a murmur from any one, might be construed into a success; and we might suppose that it had taken its place beside the splint, the plaster jacket, or the extension apparatus, and been assigned to a position of universal usefulness. But I am compelled to dissent from the views generally expressed regarding its use, particularly in varicose ulcers of the leg. I have on several occasions observed symptoms which I thought were referable directly to its use, and yet the general high estimate placed upon its use in these affections somewhat deterred me from expressing my belief in the harmfulness of the bandage, until I was forced to accept it as a fact, as the following case will show:—

C. P., aged forty-three; in general good health; has suffered from varicose veins of the right leg for eight years, an ulcer at times appearing and being very hard to heal, on the lateral aspect of the leg, a short distance above the ankle. I applied a good rubber bandage, in the usual way, and the leg began to shrink and the ulcerated place to improve, until suddenly, after the use of the bandage about five days, there were severe pains developed in the leg, extending to the groin, accompanied with inflammation of the lymphatics running from about the ulcer, and also great swelling and redness of the integument, extending entirely around the limb.

The bandage was at once left off, and soothing applications, poultices, etc., applied.

Chills developed, accompanied with high temperature, the peculiar odor of the breath and sweat, and in fact all the appearance of septicæmia. This condition persisted for about a week, when, under the use of sodium salicylate and aconite together with the local use of acidum sulphurosum and glycerine, the symptoms abated, and the patient made a rather slow convalescence. After some two weeks' interval I urged the use of the bandage again, being yet doubtful as to the agency it had in producing the condition, when, after a five days' constant use a repetition of the symptoms occurred, with more extensive adenitis than before. During the use of the bandage it was always removed at night, cleansed thoroughly and applied again in the morning. Every source of poisoning in this case can be excluded, except the bandage itself or the decomposing tissue about the ulcer. From the recurrence of the same train of symptoms after a return to the use of the bandage, and a suspension during the interval, it appears reasonable to refer the trouble

to the use of the bandage; I doubt not that others have had a like experience, but, under the pressure of high authority for the use of the bandage, have refrained from giving expression to their honest opinion.

Finally, although the rubber bandage may prove a great boon to some sufferers, yet I fear it may greatly injure others. Just how to discriminate is what we may learn by experience and free discussion.

S. D. POLLOCK, M.D.

Abingdon, Ill., September 15th, 1880.

Resuscitation of an Apparently Still-born Child.

ED. MED. AND SURG. REPORTER:

On the night of the 11th instant I was hurriedly called to attend Mrs. B. in labor. I found she had been in labor but a short time when, to use the expression of an attendant, the foot came down; this occurring about an hour before I arrived at the residence of the lady. After a prolonged effort, the lady being almost unmanageable, and refusing to take chloroform, I brought down the other foot, and drew the fœtus about half away, where it remained for half a dozen or more imperfect pains. Of course, the position of the child cut off completely the circulation through the cord; and feeling that certain death to the child must inevitably result, and that quickly, I made extraordinary efforts to deliver. Failing to hurry the labor, I gave up, and informed the two or three ladies present that I thought we would undoubtedly lose the child. After a, to me, very prolonged delay, expulsive pains of sufficient force set up, and I shortly delivered the child, still-born.

Thinking there was no possibility of resuscitating the child, as there was no perceptible pulsation in the cord, I made no effort in that direction; but sat looking at an apparently dead child, with my hand resting, luckily, directly over the region of the heart. I felt the heart pulsating, but I thought at first it was my own arteries doing duty in my fingers; on a closer examination however, I found it was really the heart of the child. I immediately began artificial respiration, efforts to inflate the lungs, warm baths, etc., and was rewarded, after a very prolonged trial of everything I could think of, by a prolonged, sighing gasp. Thus encouraged, I redoubled my efforts, and I soon had the little fellow breathing regularly. I remained three hours, and left both mother and child doing remarkably well, considering everything.

This case has undoubtedly taught me never to give up a still-born child until I know, of a certainty, it is dead.

J. E. STINSON, M.D.

Montague, Texas, Sept. 13th, 1880.

Mutual Aid Association of the Philadelphia County Medical Society.

ED. MED. AND SURG. REPORTER:—

On Thursday, 16th inst., the first social reunion of the Association was held, at the residence of the President, Dr. Benj. Lee, Manheim street, Germantown. In addition to the members of the Society a number of prominent physicians

were present by invitation. The gathering, which lasted from four to eight in the evening, spent an exceedingly pleasant time in the spacious grounds (some sixteen acres in extent), the enjoyment being heightened by the delightful concert performed by an orchestra, the illumination of the gardens after dusk, and a bountiful attention to the necessities of the "inner man." The pleasure of the event was enhanced by the sedulous attention shown to his guests by Dr. Lee's accomplished family, who vied with each other in rendering the occasion one long to be remembered, and one which cannot fail to bind in closer ties of friendship the members of this noble Association.

W. R. D. B.

Philadelphia, September, 1880.

NEWS AND MISCELLANY.

Rhode Island Medical Society.

At the quarterly meeting of the above Society, held recently, Dr. Timothy Newell, on behalf of the Library Committee, reported that the said committee had received the publications of the Sydenham Medical Society of England, amounting to some eighty volumes; and that a member of the committee is now in Europe, with instructions to purchase books to the value of \$125. The Doctor explained that the Sydenham books contained the most complete and valuable set of plates ever published.

Dr. George D. Hersey read an interesting paper on embolism of the middle cerebral artery. The case illustrated was that of a person paralyzed throughout the entire right side, and presented several unusual phenomena.

Dr. E. T. Caswell reported a case of litholapaxy, of considerable interest, in which he had successfully removed from the bladder a stone weighing forty-three grains, by means of the crushing process.

Dr. Carl Ernst, of the Rhode Island Hospital, reported a case of aneurism of the intercostal artery, and another of a wound of the trachea. The latter was that of a woman who had attempted to cut her throat with a razor.

The Board of Censors then submitted a report, recommending the following gentlemen for admission as Fellows of the Society, who were duly elected by ballot: Drs. E. B. Smith, E. P. King, F. P. Capron and George F. Keene, all of Providence.

Dr. E. G. Browning read a paper on neuralgia of the facial nerve, resulting from an ulceration of the canine tooth. The case was successfully treated by the employment of galvanic electricity.

An extended and interesting discussion followed the reading of the paper, in which Drs. F. H. Peckham, G. H. Stanley, J. O. Whitney, A. Ballou and others, took part.

Dr. Wm. F. Hutchinson read a paper on neurasthenia, which was listened to with absorbing interest. The Doctor has a large special practice in this and kindred diseases of the nervous system. He wished to impress his brethren of the value of greater clinical investigation. He presented cases of three varieties of neurasthenia—

cerebral, gastric and genital. There was nothing, in his opinion, equal to a complete change of environment for the patient. As a general thing he excluded bromides and opium in his treatment. Alcohol, however, he had found a *sine qua non*. This he administered usually in the form of light wines.

Dr. S. W. Butler, of Newport, exhibited some specimens of worms ejected from the stomach, and described the circumstances attending each of the cases.

Dr. W. S. Bowen, of East Greenwich, had something to say about inflammation of the retina of the eye; and he was followed by Dr. George W. Porter, with a paper on Battey's operation for the removal of the ovaries. The operation began first to be practiced about 1872, and was looked upon at the time with great distrust by the profession. It was thought that it unsexed the woman. It was shown, however, that there were certain contingencies in which this operation should be resorted to to save life.

Drs. A. E. Tyng, J. H. Eldredge and W. F. Hutchinson made remarks on the use of this operation; and the latter also read letters from Dr. Wm. A. Hammond and other noted practitioners, in which they all coincided in regarding the use of Battey's operation as inexcusable in the majority of cases.

Dr. S. S. Keene followed, with a paper on a certain epidemic of malarial diseases at Drownville.

The several papers were referred to the publication committee, and before the meeting closed, the secretary, Dr. V. O. Hardon, called attention to the recent death of Dr. Wm. B. Greene, of East Greenwich, and appropriate action thereon was taken by the Society.

Sanitary Work in Russia.

A paper published at St. Petersburg, called the *Golos*, says that the order to disinfect districts where diphtheria is rife, by burning sulphur in the houses after closing them hermetically, meets with great opposition in Russia, the peasants regarding it as a profanation. The mortality among the children does not seem to distress the peasantry very much, since a good many are left and more are coming. In many cases the sanitary agent is unable to get into the house, and but for the police, a Sister of Charity engaged in sanitary work would unquestionably have been burned alive at Tedoulki, on a pile prepared for her. In some localities the nuns encourage the peasantry in resisting the sanitary authorities.

Some of the Effects of Medical Legislation.

From the *Medical Register* of the Illinois State Board of Health, for 1880, it appears that the total number of practitioners in the State, when the law regulating the practice of medicine went into effect, July 1st, 1877, was about 7400. Of these only 3600, or less than one-half, were graduates or licentiates, the remaining 3800 being unqualified practitioners. The graduates and licentiates at the present time number 4825, and the non-graduates 1500, or, in other words,

the number of qualified practitioners has increased by about 1225, while the number of unqualified practitioners has decreased by 2800, which gives a diminution in the total number of practitioners equal to 1075. The number of itinerants in the State in 1877 was 73; in 1880, only nine. The number of cancer doctors in 1877 was 23; in 1880, only four.

Do we need any more eloquent plea for sound medical legislation? Are there no other States that require a similar purgation?

Personal.

—Dr. R. Stansbury Sutton has declined the professorship of operative surgery in the College of Physicians and Surgeons of Baltimore, which was tendered him, his professional engagements here being such that he could not leave Pittsburgh in time for the college session, which begins October 11th, 1880.

—Professor Rizzoli, of Bologna, who died recently, at the age of seventy, made, just previous to his death, a donation of \$1,250,000, to the City of Bologna, for the erection and maintenance of an orthopedic hospital.

Fearful Ravages of Smallpox.

Advices from Ottawa, dated September 23d, say, that a gentleman just returned from the desert says that fully one hundred and twenty deaths have occurred from small-pox. In one camp of sixteen persons, all but one boy died. The Tete Boutes Indians are about extinct.

Another Quintuple Birth.

The *Medical Record* tell us that on September 18th Mrs. Hazzard, of Monticello, Ill., is said to have given birth to five children. They were all alive at last accounts.

OBITUARY NOTICE.

—Professor Giovanni Polli, of Milan, died recently, after a long illness. Professor Polli is best known for his researches upon the subject of fermentation. The value of sulphurous acid, the sulphites, and of boracic acid as anti-fermentatives, was shown by him.

QUERIES AND REPLIES.

Dr. S. H. B., of Texas, requests some one of our readers to give his experience in the treatment of obstinate cases of tinea circinata or letter. I have used lotions of corrosive sublimate, tincture cantharides, acetic acid, both singly and in combination, and both with and without the internal administration of arsenic and continued through a course of many months. In many cases the eruption will seem to be checked for a while, but will return in spite of the continuation of remedies; and in no case in which there is an involvement of the nails of the hand or foot have I ever succeeded in thoroughly eradicating it from those parts.